

100 P

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						S1						
2		1					S2						
3							S3						
4							S4						
5							S5						
6							S6						
7							S7						
8							S8						
9							S9						
10							S10						
11							S11						
12							S12						
13							S13						
14							S14						
15							S15						
16							S16						
17							S17						
18							S18						
19							S19						
20							S20						
21							S21						
22							S22						
23							S23						
24							S24						
25							S25						
26							S26						
27							S27						
28							S28						
29							S29						
30							S30						
31							S31						
32							S32						
33							S33						
34							S34						
35							S35						
36							S36						
37							S37						
38							S38						
39							S39						
40							S40						
41							S41						
42							S42						
43							S43						
44							S44						
45							S45						
46							S46						
47							S47						
48							S48						
49							S49						
50							S50						
TOTAL IND.	1												
TOTAL DEP.	18												
TOTAL CLAIMS	19												

BEST AVAILABLE COPY